

### CERTIFICATE OF MAILING UNDER 37 C.F.R. §1.8

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail, with sufficient postage, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria A 22318-1450, on the below date:

Date: November 20, 2006 Name: Magdalena O. Cilella, Ph.D. Signature:

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Examiner: DeBerry, Regina

Art Unit: 1647

M.

In re Appln. of: Zheng Wei

Appln. No.:

10/630,180

Filed:

July 30, 2003

For:

METHOD FOR MULTIPLE CHEMOKINE

RECEPTOR SCREENING FOR ANTAGONISTS USING RAM ASSAY

Attorney Docket No:

10709/47

Mail Stop Amendment Commissioner for Patents P. O. Box 1450 Alexandria, VA 22313-1450

Sir:

#### Attached is/are:

| $\boxtimes$ | Petition And Fee For Extension Of Time (37 CFR § 1.136(a)) (in duplicate); Amendment And Response To       |
|-------------|------------------------------------------------------------------------------------------------------------|
|             | Restriction Requirement; Sixth Supplemental Information Disclosure Statement (in duplicate); PTO Form 1449 |
|             | with required references G1 and G2.                                                                        |

Return Receipt Postcard.

# Fee calculation:

☐ No additional fee is required.

Nov. 20, 2006

An extension fee in an amount of \$1,080.00 for a five-month extension of time under 37 C.F.R. § 1.136(a).

|                                           |                                     |       |                                    |                  | Sma    | Small Entity |          | Not a Small Entity |           |
|-------------------------------------------|-------------------------------------|-------|------------------------------------|------------------|--------|--------------|----------|--------------------|-----------|
|                                           | Claims Remaining<br>After Amendment |       | Highest No.<br>Previously Paid For | Present<br>Extra | Rate   | Add'l Fee    | or       | Rate               | Add'l Fee |
| Total                                     |                                     | Minus |                                    |                  | x \$9= |              |          | x \$18=            |           |
| Indep.                                    |                                     | Minus |                                    |                  | x 43=  |              |          | x \$86=            |           |
| First Presentation of Multiple Dep. Claim |                                     |       |                                    | +\$145=          |        |              | + \$290= |                    |           |
|                                           |                                     |       |                                    |                  | Total  | \$           |          | Total              | \$        |

#### Fee payment:

| •           |                                                                                                                                                                                                                                                                                                                                                         |
|-------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| $\boxtimes$ | A check in the amount of \$1,080.00 to cover the above-identified fee(s) is enclosed.                                                                                                                                                                                                                                                                   |
|             | Please charge Deposit Account No. 23-1925 in the amount of \$ . A copy of this Transmittal is enclosed for this purpose.                                                                                                                                                                                                                                |
|             | Payment by credit card in the amount of \$ (Form PTO-2038 is attached).                                                                                                                                                                                                                                                                                 |
| $\boxtimes$ | The Director is hereby authorized to charge payment of any additional filing fees required under 37 CFR § 1.10 and any patent application processing fees under 37 CFR § 1.17 associated with this paper (including any extension fee required to ensure that this paper is timely filed), or to credit any overpayment, to Deposit Account No. 23-1925 |

Respectfully submitted,

Mägdalena O. Cilella, Ph.D. Registration No. 56,619 Agent for Applicant(s)

Date